

**DC DEPARTMENT OF PARKS & RECREATION
SUMMER 2004 PRELIMINARY APPLICATION**

1. POSITION INFORMATION:

PLEASE REFER TO THE JOB DESCRIPTION SECTION BEFORE INDICATING YOUR CHOICE(S).

POSITION APPLYING FOR: (1ST CHOICE) _____
CAMP TYPE & SITE: (1ST CHOICE) _____

POSITION APPLYING FOR: (2ND CHOICE) _____
CAMP TYPE & SITE: (2ND CHOICE) _____

2. PERSONAL DATA:

NAME: (LAST): _____ (FIRST): _____ (MIDDLE): _____

ADDRESS: (STREET): _____ (APT. #) _____

(CITY): _____ (STATE): _____ (ZIP CODE): _____ (WARD): _____

TELEPHONE: HOME: () _____ WORK: () _____

CELL: () _____ EMAIL: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: ____/____/____

3. EMPLOYMENT HISTORY & AVAILABILITY

A. ARE YOU OR HAVE YOU EVER BEEN EMPLOYED BY D.C. DEPT. OF PARKS & RECREATION?

- ☐ CURRENTLY EMPLOYED BY DCPR
☐ PREVIOUSLY EMPLOYED BY DCPR
☐ NEVER EMPLOYED BY DCPR

B. INDICATE EACH TYPE OF CURRENT OR PREVIOUS APPOINTMENT (INCLUDING DATES) WITH AN "X." CHECK ALL THAT APPLY.

Type of Service appointment	Dates of Employment	Highest Grade and Step achieved during
<input type="checkbox"/> TERM	FROM: _____ TO: _____	GRADE: _____ STEP: _____
<input type="checkbox"/> PERMANENT	FROM: _____ TO: _____	GRADE: _____ STEP: _____
<input type="checkbox"/> CAREER	FROM: _____ TO: _____	GRADE: _____ STEP: _____
<input type="checkbox"/> EXCEPTED SERVICE	FROM: _____ TO: _____	GRADE: _____ STEP: _____
<input type="checkbox"/> SUMMER	FROM: _____ TO: _____	GRADE: _____ STEP: _____

C. PLEASE INDICATE WHEN YOU WILL BE AVAILABLE TO START WORK: MONTH: _____ DAY: _____ YEAR: _____

D. PLEASE SPECIFY YOUR TOP 3 SITE PREFERENCES (NOTE: IF HIRED, CONSIDERATION WILL BE GIVEN TO ONE OF YOUR PREFERENCES; HOWEVER, **THERE IS NO GUARANTEE** THAT YOU WILL BE ASSIGNED TO ANY OF THEM):

1. _____
2. _____
3. _____

4. RESIDENCY PREFERENCE

ARE YOU CLAIMING RESIDENCY PREFERENCE FOR THE POSITION INDICATED IN SECTION 1 "POSITION INFORMATION?"

- ☐ Yes – see attached documentation
☐ No

IF YOU ANSWERED YES TO THIS QUESTION YOU MUST ATTACH A COPY OF ONE OR MORE OF THE FOLLOWING:

1. Government issued identification (driver's license, identification card, public assistance identification, student identification card-)
2. Utility bill in your name with current home address
3. Lease or deed to house with current home address

5. LANGUAGE CAPABILITIES, EDUCATION, TRAINING, CERTIFICATES, AWARDS

A. Please list the languages you: Speak: _____,
Write: _____,
Read: _____

B. Please indicate your highest level of education:

- ☐ Some High School
- ☐ High School Diploma or GED Name of H.S.: _____
 ○ Graduated Month: _____ Year: _____
- ☐ Associates Degree (AA): Name of Institution: _____
 ○ Major: _____ Minor: _____
- ☐ Bachelor's Degree (B.S./B.A.): Name of Institution: _____
 ○ Major: _____ Minor: _____
- ☐ Master's Degree: Name of Institution: _____
 ○ Major: _____ Minor: _____
- ☐ Doctorate Degree: Name of Institution: _____
 ○ Major: _____ Minor: _____

If you are currently enrolled in college/university, please indicate type of degree program, dates attended, major and minor (if applicable)

Name and Address of Institution: _____

Major: _____ Minor: _____

Major Semester Credit Hours: _____ or Major Quarter Credit Hours: _____

Attended (month/year) From: _____ / To: _____ /

C. Please list any certificates and licenses (a copy of each must accompany the application)

License and Certificates	Institution/Company/Facility where obtained
--------------------------	---

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Use additional sheets of paper to list other relevant accomplishments and skills.

6. COMMUNITY/VOLUNTEER SERVICE

Please list any community service and/or extracurricular activities including dates of participation:

Organization	Date of Participation
1. _____	From (month/year): _____ / To: _____ /
2. _____	From (month/year): _____ / To: _____ /
3. _____	From (month/year): _____ / To: _____ /
4. _____	From (month/year): _____ / To: _____ /

Please include a contact name and phone number for each organization where you volunteered:

1. Contact's Name: _____	Contact's Phone Number: _____
2. Contact's Name: _____	Contact's Phone Number: _____
3. Contact's Name: _____	Contact's Phone Number: _____
4. Contact's Name: _____	Contact's Phone Number: _____

7. WORK EXPERIENCE

Please list **paid** work experience relevant to the position for which you are applying. Please begin with your present employment and/or most relevant position. Please include summer positions, if applicable:

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Employer's/Company's Name: _____ Dates of Employment: (month/year) From: _____ To: _____
Employer's Address: _____ Salary: \$ _____ annual, monthly, weekly, hourly
Supervisor's Name: _____ Supervisor's Telephone Number: (_____)
Job Title: _____

Duties, responsibilities and accomplishments: _____

Reason for Leaving (please circle one):

Terminated (unwilling let go)

Summer-Job Only (May-Sept)

Resigned (willing left)

Other (please explain): _____

May we contact your supervisor for additional information? (please circle one):

Yes

No

Employer's/Company's Name: _____ Dates of Employment: (month/year) From: _____ To: _____
Employer's Address: _____ Salary: \$ _____ annual, monthly, weekly, hourly
Supervisor's Name: _____ Supervisor's Telephone Number: (_____)
Job Title: _____

Duties, responsibilities and accomplishments: _____

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Job Title: _____

Duties, responsibilities and accomplishments: _____

Reason for Leaving (please circle one):

Terminated (unwilling let go)

Summer-Job Only (May-Sept)

Resigned (willing left)

Other (please explain): _____

May we contact your supervisor for additional information? (please circle one):

Yes

No

Use additional sheets of paper to list other relevant work experience.

8. REFERENCES

Provide information for three references below. The first should be a personal reference and the other two professional references.. Do not list relatives, roommates, significant other, etc.

Name	Address	Telephone #	Position and Relationship to You
		()	
		()	
		()	

9. Professional Statement/Question

Please answer the following question in the space provided below.:

What makes you the ideal candidate and why should you be selected to work for the Department of Parks & Recreation?

10. Additional Information

Please read the following concerning additional information needed:

- F.B.I. police clearance is mandatory and must be submitted if and when a job offer is made.
- Please submit a copy of your government or school/university/college photo identification. This is required for all applications, not only for those claiming residency preference.
- If hired, you will be required to attend paid training. This training will begin one week prior to the start of summer camps.
- You must have or obtain certification in adult/child CPR/First Aid for camps serving children 6-12 years of age and infant/child CPR/First Aid for camps serving children 3-5 years of age.

Please sign below after carefully reading the following:

I understand that any false statements on any part of my application may result in my not being hired or being terminated after I begin work (D.C. Code Sec. 1-617.1(d)(1) et seq. (1991 Repl.). I consent to the release of information regarding my employment for District of Columbia government employment by employers, schools, law enforcement agencies and other individuals and organizations, to investigate personnel staffing specialists and other employees of the District of Columbia government. I certify, to the best of my knowledge and belief, that all of my statements on this application, are true, correct and complete.

Signature (Please sign with a blue or black ink pen)

Date (Month/Day/Year)